CREDENTIALS CONTINUING HEALTH EDUCATION TRAINING RECORD

AUTHORITY: 10 U.S.C. 8112 and EO 9397

PURPOSE: To provide a record of an individual's participation in continuing health education activities,

ROUTINE USE: Used by individual practitioners to report personal continuing education accomplishments. SSAN is used for positive identification

of individual and records.

11.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may preclude awarding clinical privileges.

INSTRUCTIONS

Use continuously until form is completely filled out. Begin a new form and attach to old form. All forms must remain with the credentials file until it is destroyed.

| I. IDENTIFICATION | | | | | | | |
|------------------------------------|-----------|-------|-------|--|--|--|--|
| NAME (Last, First, Middle Initial) | GRADE | SSAN | CORPS | | | | |
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| DUTY ADDRESS (PENCIL ONLY) | SPECIALTY | PAFSC | 2AFSC | | | | |
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ACTIVITIES (Conferences, Seminars, Meetings, Lectures, Publications, etc.)

CATEGORY OF TRAINING

- Category 1 CME activities with accredited sponsorship or cosponsorship
- Category 2 CME activities with non-medical sponsorship
- Category 3 Medical teaching
- Category 4 Papers published, exhibits, etc.
- Category 5 Nonsupervised CME (self-instruction, consultation, self-assessment, etc.)

Refer to the American Medical Association Information Booklet for Physician Recognition Award for more detailed definitions.

| DESCRIPTION OF ACTIVITY (Title of course, meeting, lecture, paper, self-instruction, etc.) | NAME OF SPONSOR | LOCATION | INCLUSIVE DATES | NUMBER OF CREDIT HOURS | CREDIT CATEGORY (1 - 5) |
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| DESCRIPTION OF ACTIVE (Title of course, meeting, lecture self-instruction, etc.) | TY , paper, | NAME OF SPONSOR | LOCATION | | LUSIVE ATES | NUMBER OF CREDIT HOURS | CREDIT CATEGORY (1 - 5) |
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| 11. | | CARDIOPULMONAR | Y RESUSCITATION TRAI | NING (DA | TES) | | |
| BASIC LIFE SUPPORT | REFRESHER TRAINING | | ADVANCED CARDIAC LIFE SUPPORT | | ADVANCED TRAUMA LIFE SUPPORT | | INITIALS OFFICIAL |
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